

**LETTER TO PARENTS
NONPRICING
SCHOOL MEAL PROGRAMS**

Dear Parent/Guardian:

We are pleased to inform you that all children attending _____ will receive meals at no charge during school year _____, unless otherwise notified. Providing meals to children is a growing challenge and requires our taking advantage of all available funding resources. One of these resources is the reimbursement program for free and reduced-price meal benefits from the United States Department of Agriculture (USDA).

So that we can keep our costs low and provide excellent food service for children, we need some information for USDA reimbursement purposes. Your cooperation is appreciated. If your household income is at or below the level shown on the enclosed scale, please answer all questions on the attached income application form. An income application which does not contain the requested information cannot be processed by the school.

If you are receiving food stamps, Cash Assistance (CA) or Food Distribution Program on Indian Reservations (FDPIR) benefits, a *Free Meals Program Letter* **will not be mailed to you**. The district has access to a new Direct Certification System and will verify the household is receiving DES benefits. To ensure your child receives benefits, an application may be filled out.

INCOME CHART

Effective from July 1, 2003 to June 30, 2004

Household Size	<u>Annual</u>	<u>Month</u>	<u>Week</u>
1	\$16,613	\$1,385	\$320
2	22,422	1,869	432
3	28,231	2,353	543
4	34,040	2,837	655
5	39,849	3,321	767
6	45,658	3,805	879
7	51,467	4,289	990
8	57,276	4,773	1,102
For each additional family member add	+5,809	+485	+112

OTHER INFORMATION:

- **VERIFICATION:** Your eligibility may be checked by school officials at any time during the school year. You may be asked to submit information to support what was reported on the application.
- **REPORTING CHANGES:** You must tell the school if your household size decreases or income increases by more than \$50 per month or \$600 per year. If your child receives FDPIR, CA or food stamp benefits, you must advise the school if you no longer get these benefits for your child.
- **CONFIDENTIALITY:** The information you give on the application will be used only for purposes of the meal program.
- **CHILDREN WITH DISABILITIES:** If a child has been determined by a doctor to be handicapped and the handicap would prevent the child from eating the regular school meal, this school will make any substitutions prescribed by the doctor. If a substitution is needed, there will be no extra charge for the meal. If you believe your child needs substitutions because of a handicap, please contact us for further information.

In the operation of the child feeding programs, no child will be discriminated against because of race, sex, color, national origin, age or handicap. If you believe you have been discriminated against, write to the Secretary of Agriculture, Washington, D.C. 20250.

Application will be determined by _____
(Name/Title of Determining Official)